

EXHIBIT 48

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Feedback - March 2021

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From: Kathy Leonard </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=8F1603811FCD48D9BA911BBD27C537DB-XKLS8>
To: Kathy Leonard
Sent: 3/26/2021 2:30:33 PM
Subject: Pharmacy Advocate Feedback - March 2021
Attachments: Pharmacy Advocacy Mtg 03.2021 - Agenda.docx

From: Kathy Leonard

Sent: Friday, March 26, 2021 12:46 PM

To: Dain Rusk <Dain.Rusk@publix.com>; Katie Petti <Katie.Petti@publix.com>; Scott Andrews <Scott.Andrews@publix.com>

Cc: Kate Skatzes <Katharine.Skatzes@publix.com>

Subject: Pharmacy Advocate Feedback - March 2021

• **Covid: (Katie)**

- Functionality to input all types of insurance information not just Medicare
- Allow ability to cancel an appointment and prevent an individual from making multiple appointments. Removing any verbiage (online, telephone, DRS) that tells patients not to call stores to cancel their appts. Stores WANT patients to call. We can better prepare and avoid wasted doses or lost productivity scrambling to find patients to administer to at end of day
- Allow scheduling of all vaccinations online
- Offer hourly incentive to Immunizing Technicians
- We need a better handle on number of injections PER DAY that can be safely given while still being able to efficiently/accurately fill prescriptions and manage pharmacy without neglecting important processes. Long term result = mismanaged pharmacies due to inability to do it all in any given day/week and loss of regular customer base do to perceived lack of care/ability to deliver like we have in the past. Patients will understand temporarily but they won't continue to tolerate (we want to gain these new patients thru amazing covid service yet still retain our loyal customer base) This should not be a cookie cut number. Slower vs. medium vs high volume stores. Need a better shots:scripts ratio
- Appointment times to start at 10am (need 1st hr of day to prepare) and stopping shots by 7pm so that pharmacies can get caught up, adequately clean up, address other issues, and prepare for next day
- Helping communicate to stores about the Lot # change in FLSHOTS. Some stores are spending large amounts of time correcting lot # discrepancies if it was originally entered incorrectly at product dispensing
- There was also a concern about not being able to help elderly/regular patients who have more trouble accessing appointments
- My thoughts for a work through to allow an hour or two within the schedule that has Flex Space that the pharmacist can schedule (this would of course not be advertised to avoid a separate issue)
- Many pharmacists asked if there was a way to pre-verify if the patient wants the *Right Arm* (During the Scheduling) to Preprocess that to avoid having to reprocess.
- If a patient indicates their appointment is for a second vaccine, they should have a place to add the date/manufacture of the first dose.
- A slot or checkbox where the patient can indicate which eligibility requirement they meet

- A suggestion to have our daily vaccine appointments be approximately half first doses and half second doses to ease the daily workflow for processing the shots (since "refill" shots take significantly less time).
- How best to improve efficiency with covid vaccine processing; we are continually making improvements with processing and technology, but getting the vaccines to ready status for new appointments is still taking long because of the burden of making calls to confirm eligibility.
- Going along with this topic is how to prevent burn out among the teams. Ever since we started offering appointments in all our pharmacies in FL, Central Processing Tech help seems less efficient. There has been a drop off in associates helping each other in extended view (they are all trying to focus on their own workload). It would help to have some more centralized pharmacists performing PV1. One possible solution here is to allow PM/APM (those that express an interest) to help with PV1 from home, similar to how some techs are working DE. (even if only temporarily).
- As for physically getting the bags ready after the techs have completed the dispensing process - it would help to allow the lead tech to perform the final verification to get the patient receipt, so they can just place it inside the bag. The immunizer will review the consent form just prior to administering the vaccine anyway.
- Alternatively, since customer is getting the CDC card and the Fact Sheet, we could easily skip printing the patient receipt.

- **Technology:**

- Include functionality in the Rx App to cancel prescriptions that are in ready status and/or remove prescriptions from SYNC/ERP that are no longer active. **(Kathy) – everything we do is to ensure patients receive their medications and that we help them manage their therapy. Having patients cancel medications – could result in undo harm to a patient. Before we allow patients to modify their fills or add/remove items from Sync/ERP – they should have a discussion with their pharmacist. This may sound efficient in theory – but would be a potential train wreck in reality. Instead, build the relationships and encourage your patients to speak with you regarding any therapy changes.**
- Eliminate "You are due for a refill" text. This specific text confuses many customers. Suggested that only certain medications qualify for this text, excluding controls due to strict fill dates. **(Dain)**
- Allow push text notifications to customers for items contributing to RX process delay such as FOA, PA, and Contact MD - **(Kathy)** Due to COVID, a lot of our projects were justifiably put on hold – this is one. We are working on a solution for this through our new, clinical platform.
- When patients utilize the pre-pay order it would be nice to automate a statement that it will take 10-15 minutes to process and be available. Gave Christian a specific store before -unable to duplicate lag. 2 minute process. Is part of the delay the log in process? **(Scott)**
- On the Inventory adjustment screen a text box for "reason for adjustment" would be very helpful. That way it populates on the Control Substance Manual Inventory Adjustment weekly Report. **(Kathy)** – there are currently drop down options to select the "reason for adjustment" – we are unable to implement a text box for free form text because there is no way to track that. If there are additional reason for adjustment options we need to include, provide those and we can evaluate adding them.
- Request to integrate PDMP into ERx. If not, then is there a way speed login process without manually entering email and pw about 30 times per day? Inquiry about techs using the PDMP to save RPh some time. **(Katie)**

- Can we have access to pharmacy email from a personal device? **(Kathy)** No – **I believe** the ask is just for convenience – quickly check it on your phone, etc. This is a security issue, the cost to implement does not outweigh the benefit. Also want to protect people from working 7 days/wk.
- Publix email: all aspects of using email from a pharmacy workstation is slow, from opening the email, to downloading a file to view attachments. Possible solution: Improve network bandwidth? Slowness: Of late Enterprise has been slowing down more and more, especially during peak times. Is there a way to add more servers or make changes to avoid this to increase efficiency? Secondary applications/texting: the secondary apps we use (Outcomes, NC PDMP, NCIR, and especially prepaid orders and ABC order) run exceptionally slow. This is both getting the page to load (sometimes having to refresh it multiple times) and then once the page is loaded trying to perform tasks. **(Dain)**
- Phone tree alternative: look at alternate ways for supervisor to efficiently communicate important/urgent action items - can we use an app to create a list for pharmacists in each district? For use by the supervisor to send important communication (except the lock box code changes). It would have to be a group chat where only group admins can send messages. **(Kathy) – Open to other alternative suggestions. Want to avoid sending bulk messages to associates on vacation/sick/off, etc.**
- Multitasking: Is there a way to allow us to have two Enterprise windows open to increase efficiency? If we are in the middle of data entering a compound or a long sig and someone walks up or calls this functionality would allow us to quickly help the patient that needs a refill or has a question without losing our progress or making that patient have to wait for us to complete the task. **(Scott)**
- When patient has 2 phone numbers in system (primary vs preferred), the primary phone number prints on the Release to Patient barcode sticker. Can that be changed to the preferred phone number (which is often the number set up for text messaging). During RTP we keep verifying phone numbers and having to check patient demographic page. **(Kathy) – We should be using address at RTP to verify the patient. We should be capturing phone # at Drop off and ensuring we have the preferred contact set correctly. Do we need to have the preferred # on the RTP barcode?**
- Have Patient Preferred Name also on the bottle. **(Scott)**
- Possible to integrate FLSHOTS and EFORSCE into SSO (single sign-on), or even better, directly into EnterpriseRx? The amount of time to log into these sites repeatedly each day affects productivity. **(Katie)**
- Can we find an easier way to send something to the Central Fill queue, rather than having to decline RX back and push back through Data and Pre-Verification? **(Kathy) – seek to understand. A button would likely have the same issues – is PDT set far enough out? Does it meet all the criteria to go to Central? (getting criteria from Scott)**
- **Floater Tech Pool/District Technician Recruiter: (Dain)**
- **Provider Science – consolidate vacation requests to one tool (frustrated with Oasis and PS) - Bettershifts/Provider Science:** This process for the upcoming year was a struggle for the majority of pharmacists. For the first round the latter half of the year was completely blacked out as unavailable, and then there were not enough available days to pick from to allow every pharmacist to pick dates. Also, for many the hour window occurred on days that we were scheduled to work and during busy times. I heard from several pharmacists that once their window opened up and they could see availability they had to be on 3 way calls with their travel agents and spouses in order to alter plans since their ideal week(s) were unavailable. Possible solutions: do not black out weeks from the start. Allow us to see availability in real time prior to the hour window. As this will give those who need to make changes adequate time to do so, and contact needed parties. **(Kathy) – ongoing effort to streamline TOR process and Provider Science. Part of it is change in general. This was our first year and we have ongoing meetings to prioritize changes and ways to be even more efficient. This will likely evolve**

- **ABC:** ABC is requiring an email to send return authorizations to (they will no longer fax) for special circumstances. Is there the ability to allow pharmacy email to receive outside email from limited sources? **(Kathy)** – This was news to me, it happens a couple of times every 2 weeks. This happens only for damages and CII's – we are working on a better process for this.
- **Maternity/paternity leave:** since there is presently no maternity/paternity leave available to Publix employees, we would like to suggest the implementation of an elective short term disability that employees can add during open enrollment where we pay monthly to allow for adequate paid time off without having to utilize all of our vacation time off for maternity leave that is not really a vacation. **(Dain)**
- **CBT:** Pharmacists would like the ability to complete CBTs at the verification computer. This would help us prevent from having to go in to a nearby pharmacy on days off to complete CBTs. **(Kathy) - computers were not built with sound cards, not possible.**
- **NPLEX:** This has been brought up previously, but the ability to scan driver's licenses for the NPLEX system would greatly facilitate the process of selling PSE products. **(Kathy)** This is another project that was put on hold due to COVID.
- **Inventory:** Better transparency of Central Fill charges and credits. More accountability to stores that are shipped the incorrect product to actually email CF so that the mis-shipped RX is documented (maybe a trackable useform, like with warehouse discrepancies). A better way to confirm store credit on CF items shipped to wrong store so that we're not double charged. We want to SEE the credit. Transparency of fees/charges for using CF and how that affects our annual inventory numbers/worksheet %. Managing inventory is getting harder than ever (no more CF returns, ABC limiting returns as unsaleable, CF requiring us to keep mis-ships, and Inventory Redistribution shipping quantities larger than history/usage). Better training/guidance on which item's order points are corporately controlled and how/when a store can override that. **(Katie)**
- **Corporate lead opiate guidance:** Educate and re-educate on Corresponding Duty, Proper filling standards on controlled substances, how to professionally communicate refusals to fill, proper documentation in EnterpriseRx, uniform refill policy of controlled substances, mandatory Narcan counseling, acceptance of coupons and/or GoodRx, updated R&P guide with more concrete policy. Help and assistance in this area is one of the most common complaints I received. **(Dain)**
- **Advanced technician role** - does or could FL Board allow for? Could Publix advocate for this role? This could allow for advanced technicians to take voicemails, transfers, and/or clarifications, etc. **(Dain)**
- **CP techs/pharmacists:** Can stores be given detailed/specific information as to what is expected from CP technicians and CP pharmacists on a regular daily basis so that the in-store teams can better focus their efforts/energy during peak times of the day? Do all stores receive help? Or just some? How is this decided? With the new hires and training of Central Processing technicians and pharmacists, can they be better trained on accurately selecting correct billing information (missing or not running COB even though refill history shows or running items as CASH) as well as not doing an insurance eligibility look up when registering a new patient from inbound communications/typing in data entry. **(Katie)**
- **Central Fill:** remains a constant source of frustration. It seems for an average pharmacy, 10-20 bags are not delivered by PDT. Some still don't get delivered for 2 days past PDT. Perhaps eliminating some common drugs to stay fillable at the store level vs sending to CF. **(Katie)**
- **New adhesive on prescription labels:** They are damaging product, making those medications unsaleable and/or non-returnable to ABC. **(Kathy)** – **one of our secondary vendors went out of business (about 2 years ago) – feedback is the adhesive makes it challenging to peel off, potentially damaging packaging of product that becomes non-returnable to ABC if patient does not pick up. We are evaluating this further to assess a solution.**

- **\$7.50 med list:** sends to adjudication when the quantity is under the Max, but the days supply is 90. *Have an override that does QTY or Days Supply to avoid the extra overrides. **(Kathy)**
- **Refrigerator shrink:** have the scanner differentiate between Refrigerated Rx's (Like it does Sold) and have it Beep differently if it isn't scanned into a refrigerator Barcode. **(Kathy)**
- **Weekend hours:** change to 9a-7p for both Saturday & Sunday? **(Kathy)** – **periodically receive various requests for changes to hours of operation – what works great for one, is not so great for others. We need to be open to meet the needs of our business as well as our associates.**
- **Individual register code delay:** Wonder if we could still use pharmacy codes-but review CCTV if there is an issue? The timing to implement this change was not great. Techs/interns are helping out at multiple stores. At times store could be a staffed with 2 floater pharmacist, but only one of them can be signed on. From my understanding, CS has to scramble to assign borrowed techs their own register sign on. However, I like that the floater pharmacist can perform register overrides now:) **(Kathy)** – **this is more of an effort to detect ongoing issues – not waiting for someone to bring it to our attention.**

Kathy Leonard, PharmD
Publix Super Markets
Director of Retail Pharmacy Operations
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Pharmacy Advocacy MeetingTuesday, March 30th, 2021

9:00AM - 1:00PM

Attendees: Dain Rusk, Katie Petti, Kathy Leonard, Scott Andrews, Pharmacy POMs, Pharmacy Advocates**Attire:** Business Casual

9:00AM-9:10AM	Welcome	Dain Rusk
9:10AM-10:10AM	Updates on Submitted Topics COVID Technology	Dain Rusk Katie Petti Kathy Leonard Scott Andrews
10:10AM-10:20AM	Break	All
10:20AM-11:20AM	Updates on Submitted Topics, continued Floater Technician Pool Provider Science/Better Shifts ABC Maternity/paternity leave CBT NPLEX Inventory Corporate lead opiate guidance Advanced Technician role Central Processing Team Central Fill Prescription label adhesive \$7.50 med list Refrigerator shrink Operating hours Register codes	Dain Rusk Katie Petti Kathy Leonard
11:20AM-11:30AM	Break	All
11:30AM-1:00PM	Open Discussion Atlanta - Chad Madill Charlotte - Tori Shiu Jacksonville - Sean Klicker Lakeland - Whit Taylor Miami - Erica Phillips	Patrick Cashman/Jennifer Bass Javier Munoz/John Sidhom/Andrew Froy Kim Barnard/Marlana Kelley Shamir Patel/Michelle Olson Vanessa Leskow/Melenie Gomez